Mississippi Transitional Refresher Course
Team Management Course Outline

Minimum course length 4 hours

I. Discuss the principles of assessment based management to perform an appropriate assessment and implement the management plan for patients with common complaints.

A. Effective assessment is critical to clinical decision making.

1. Depends on patient history
2. Depends on physical assessment
3. Pattern recognition
4. Field impression
5. Action plan

B. Paramedic's attitude affects assessment and decision making.

1. Personal attitudes
2. Uncooperative patients
3. Patient compliance
4. Distracting injuries
5. Environmental and personal considerations

C. Strategies to prevent labeling and tunnel vision.

1. Differential diagnosis
2. Narrowing process
3. Field diagnosis

D. Roles of the team leader

1. Obtains a history
2. Performs physical exam
3. Presents the patient
4. Handles documentation
5. Acts as EMS commander

E. Roles of the patient care provider

1. Providers scene cover
2. Gathers scene information
3. Talks to relatives/bystanders
4. Obtains vital signs

5. Performs interventions
6. Acts as triage group leader

F. The general approach to the emergency patient

1. Scene size-up
2. Initial assessment
3. Resuscitative approach
4. Contemplative approach
5. Immediate evacuation

G. The focused history and physical exam of the patient assessment

H. The ongoing assessment and the detailed physical exam of the patient assessment

I. How to effectively communicate patient information face to face, over the telephone, by radio, and in writing

J. How to establish trust and credibility as a paramedic

K. How to develop effective presentation skills

II. The standards and guidelines that help ensure safe and effective ground and air medical transport.

A. The importance of completing an ambulance equipment/supply checklist.

B. The factors to be considers when determining ambulance stationing within a community.

1. Demographic changes
2. Peak load
3. Primary area of responsibility (PAR)
4. System status management (SSM)
5. Tiered response system
6. Reserve capacity

C. The advantages and disadvantages of air medical transport.

D. Conditions/situations in which air medical transport should be considered.

1. Clinical criteria
2. Mechanism of injury
3. Difficult assess situations
4. Time/Distance factors

III. The principles of general incident management and multiple casualty incident (MCI) management techniques in orders to function effectively at major incidents.

A. The need for the incident management system (IMS)/incident command system (ICS) in managing emergency medical services incidents

B. Multiple casualty incident (MCI)

C. Disaster management

D. The following types of incidents and how they affect medical management

1. Open or uncontained incident
2. Closed or contained incident

E. The functional components of the incident management system in the terms of the following:

1. Command
2. Finance
3. Logistics
4. Operations
5. Planning

F. Singular and unified command and when each is most applicable.

G. The role of command in a MCI.

H. Command procedures used at small, medium, and large scale medical incidents

I. The functions of the following groups and leaders in ICS as it pertains to EMS incidents:

1. Safety
2. Logistics
3. Rehabilitation
4. Staging
5. Treatment
6. Triage
7. Transportation
8. Extrication/rescue
9. Disposition of deceased
10. Communications

J. START (simple triage and rapid treatment) method of initial triage.

1. Ability to walk
2. Respiratory effort
3. Pulses/perfusion
4. Neurological status

K. METTAG method of initial triage.

1. Immediate
2. Delayed
3. Hold
4. Deceased

L. Primary and secondary triage

M. When primary and secondary triage should be implemented.

N. The techniques used to allocate patients to hospitals and track them.

1. Triage tag number
2. Triage priority
3. Patient's age, gender, and major injuries
4. Transporting unit
5. Hospital destination
6. Departure time
7. Patient's name, if possible

O. List the physical and psychological signs of critical incident stress.

P. The role of critical incident stress management sessions in MCIs.

Q. The organizational benefits for having standard operating procedures (SOPs) for using the incident management system or incident command system.

1. Written safety procedures
2. Specify safety equipment for each section
3. Required or prohibited actions for each section
4. Any rescue-specific modifications in assignments

IV. The principles of rescue awareness and operations to safely rescue a patient from water, hazardous atmospheres, trenches, highways, and hazardous terrain.

A. The medical and mechanical aspects of rescue situations.

1. Medical--Proper training
2. Mechanical—Appropriate personal protective equipment

B. The role of the paramedic in delivering care at the site of injury, continuing through the rescue process and to definitive care.

1. Understand the hazards associated with the injury
2. Know when it is safe to gain or attempt rescue
3. Understand the rescue process
4. Skilled in patient packaging

C. The phases of a rescue operation

1. Arrival and scene size-up
2. Hazard control
3. Gaining access to the patient
4. Medical treatment
5. Disentanglement
6. Patient packaging
7. Transportation

D. Differences in the risk between moving water and flat water rescue.

1. Moving water

    a. Obstructions to flow

        (1) Recirculating currents
        (2) Strainers

    b. Foot/Extremity pin

2. Flat water

    a. Alcohol related
    b. Drug related
    c. Hypothermia
    d. Unable to swim
    e. Exhaustion

E. Effects of immersion hypothermia on the ability to survive sudden immersion and self rescue.

1. Water temperature lower than 92 F the body can not maintain body temperature.

2. Sudden immersion triggers

    a. Laryngospasms

b. Aspiration
c. Severe hypoxia
d. Unconsciousness

3. Rescue

a. Cover mouth and nose during entry
b. Protect the head and keep face out of water
c. Moving water do not attempt to stand up
d. Flat water assume the HELP position
e. Float on back if possible

F. Risks associated with low head dams and the rescue complexities they pose.

1. Recirculating currents

2. Hazardous rescue

a. Force of water is very deceptive
b. Victim succumbs to fatigued, hypothermia, and drowning

G. Hazards associated with confined spaces and risks posed to potential rescuers:

1. Oxygen deficiency
2. Chemical/toxic exposure/explosion
3. Engulfment
4. Machinery entrapment
5. Electricity

H. Hazards of cave-in during trench rescue operations

1. Lips on one or both sides of the trench that cave in
2. Walls that shear away and cave in
3. Excavated dirt piles too close to the edge, causing the wall to collapse
4. Presence of intersecting trenches
5. Ground vibrations
6. Water seepage

I. Techniques to reduce scene risk at highways incidents.

1. Apparatus position
2. Headlights and emergency vehicle lighting
3. Cones and flares
4. Reflective and high visibility clothing

J. Hazards associated with auto/truck components.

1. Energy absorbing bumpers
2. Air bag/supplemental restraint systems
3. Catalytic converters and conventional fuel systems
4. Stored energy
5. Alternate fuel systems

K. Electrical hazards commonly found at highway incidents.

(above and below ground)

1. Downed electrical wires
2. Up rooted underground electrical wires

L. Define the following types of terrain

1. Low angle—Terrain capable of being walked on without the use of hands.

2. High angle---Terrain that is steep that hands must be used to maintain balance.

3. Belay---Method of attaching a safety rope and controlling the rope so that if the person or load starts to fall, the belay rope with prevent the fall.

4. Rappell---Method of descent that involves lowering oneself with a rope

5. Scrambling---Movement over rough terrain that is not steep enough to require the use of a rope.

M Procedures for low angle litter evacuation includes:

1. Anchoring
2. Litter/rope attachment
3. Lowering and raising procedures

N. Explain the use of helicopters in hazardous terrain rescues.

1. Specialized rescue procedures
2. Specialized rescue equipment

V. Analyze hazardous materials emergencies, call for appropriate resources, and work in the cold zone.

A. Roles of the paramedic/EMS responders

1. Incident size-up

2. Assessment of toxicologic risk
3. Appropriate decontamination methods
4. Treatment of semi-decontaminated patients
5. Transportation of semi-decontaminated patients

B. Recognizing a hazardous material incident and determining:

1. Potential hazards to the rescuers, public, and environment
2. Potential risk of primary contamination to rescuers
3. Potential risk of secondary contamination to rescuers

C. Explain the following toxicologic principles:

1. Acute and delayed toxicity
2. Route of exposure
3. Local versus systemic effects
4. Dose response
5. Synergistic effects

D. Common signs, symptoms, and treatment for the following substances:

1. Corrosives (acids/alkalis)
2. Pulmonary irritants (ammonia/chlorine)
3. Pesticides (carbamates/organophosphates)
4. Chemical asphyxiants (cyanide/carbon monoxide)
5. Hydrocorbon solvents (xylene, methlyene chloride)

E. Explain the importance of the following to the risk assessment process.

1. Boiling point
2. Flammable/explosive limits
3. Flash point
4. Ignition temperature
5. Specific gravity
6. Vapor density
7. Vapor pressure
8. Water solubility
9. Alpha radiation
10. Beta radiation
11. Gamma radiation

F. Factors that determine where and when to treat a patient includes:

1. Substance toxicity
2. Patient condition
3. Availability of decontamination

G. Explain decontamination procedures when functioning in the following modes.

1. Critical patient rapid two step decontamination process
2. Non-critical patient eight step decontamination process

H. Four most common decontamination solutions used are:

1. Water
2. Water and tincture of green soap
3. Isopropyl alcohol
4. Vegetable oil

I. Documentation for haz-mat medical monitoring and rehabilitation operations.

1. The hazardous substance
2. The toxicity and danger of secondary contamination
3. Use of the appropriate PPE and any permeation that occurred
4. Level of decontamination performed or required
5. Use of antidotes and other medical treatment
6. Method of transportation and destination

VI. The human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

A. EMS providers are often mistaken for police due to:

1. Uniform colors or badges

2. Responding or exiting an emergency vehicle that has auditory and visual warning devices.

B. Specific techniques for risk reduction when approaching the following types of routine EMS scenes.

1. Highway encounters

a. One-person approach

b. Approach the vehicle from the passenger side

c. Lights should be used to illuminate the interior of the vehicle and surrounding area.

d. Do not walk between the ambulance and the other vehicle

2. Warning signs of potential dangers in violent street incidents
    a. Voices become louder
    b. Pushing and shoving
    c. Hostility toward people at the scene
    d. Rapid increase in the size of the crowd
    e. Inability of law enforcement personnel to control crowds

3. Residences and “dark houses”

C. EMS consideration for the following types of violent or potentially violent situations.

1. Gangs and gang violence

    a. Look for graffiti
    b. Look for certain types of clothing

2. Hostage/sniper situations

3. Clandestine Drug Labs

    a. Be alert for chemical odors
    b. Be alert for chemical equipment
    c. If a drug lab is identified, the paramedic should

        (1) Leave the scene immediately

        (2) Notify law enforcement

        (3) Initiate an incident management system and Hazmat procedures

        (4) Assist law enforcement personnel to coordinate an orderly evacuation of the surrounding area

4. Domestic violence

    a. Scene safety
    b. Be aware that acts of violence may be directed at paramedic
    c. Maintain a nonjudgemental attitude

5. Emotionally disturbed people

D. Tactics for the safety of the paramedic include

1. Avoidance

2. Tactical retreat
3. Cover and concealment
4. Distraction and evasive maneuvers